

**LEON COUNTY, FLORIDA
TRAVEL REQUEST FORM**

Attachment # 1

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Traveler's Name: Bill Proctor Traveler's Title: Leon County Commissioner
 Department Name: BOCC Division Name: _____
 Destination: Panama City Beach, Florida
 Purpose of Trip: To attend Greater Tallahassee Chamber of Commerce Community Conference
 Departure Date: 07/10/2003 Time: 4:00 P.M.
 Return Date: 07/13/2003 Time: 3:00 P.M.

ITEM	ESTIMATED EXPENSES
Lodging	\$ 387
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):	
Breakfast \$3	\$ NA
Lunch \$6	\$ NA
Dinner \$12	\$ NA
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at \$12.50 Per Quarter of each Day	\$ NA
Common Carrier (e.g, Air, Plane, Bus)	\$ NA
Rental Car - rental fee	\$ NA
Fuel for Rental or County Owned Vehicle	\$
Use of Personal Vehicle:	
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	196
Travel miles times \$.29 per mile	\$ 56.84
Est. # of Vicinity Miles: (Allowable for official business, but must be requested separately)	
Vicinity miles times \$.29 per mile	\$
Registration	\$ 275
Miscellaneous Expenses:	
Limousine/Taxi Fares	\$
Public Transportation	\$
Parking	\$
Communications -- (only calls/faxes for county related business may be reimbursed)	\$
Other Miscellaneous Allowed by Policy	\$
TOTAL ESTIMATED EXPENSES	\$ 718.84

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Account Number(s) to be Charged for Trip:

Account Number:	Amount:
001-101-54000-511	718.84

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The

Purchasing Card may also be used for this purpose in lieu of requesting checks.)

Amount	Account Number	Vendor Number	Payable To: Name:	Address:	Check One: Mail	Pickup
56.84	001-101-54000-511	C00002419	William C. Proctor	BOCC		X
275	001-101-54000-511		Chamber of Commerce Greater Tallahassee	P.O. Box 1639 Tallahassee, FL 32302		X
387	001-101-54000-511			4200 Marriott Drive Panama City Beach, FL 32208		X

APPROVAL SIGNATURES

Traveler: DeLore Adams for William C. Proctor

Date: 6/2/03

Supervisor/Division Director: _____

Date: _____

Department Director: _____

Date: _____

County Administrator: _____

Date: _____